

Instructions for Completing the Application for Approval of a Continuing Education Activity for Court Interpreter Minimum Continuing Education Credit

Check whether this is a new application or a renewal application for an activity previously approved. If this is a renewal application, fill in the CIMCE number previously assigned to the activity, as well as the expiration date.

1. If you are a provider requesting approval of your activity, fill in the name, address, and phone number of the entity providing the activity (Part I). If you are an interpreter requesting approval, fill in your name, address, and phone number (Part II).
2. Check the status of the provider/interpreter.
3. Fill in the title of the course.
4. Include the name, profession, title, etc. of each instructor. Attach a resume or include a brief biography as might be included in a course catalogue, brochure, etc.
5. List the topics to be covered during the course. This may be accomplished by attaching a syllabus or outline in English. *Please write a clear, concise course description to enable the Continuing Education Approval Subcommittee to make a reasonable appraisal of the course.* If the course is not an interpreting course, please include a statement addressing how the topics relate to the profession of interpreting.
6. Include the date(s), time(s) and location(s) of the course is being offered.
7. Include the amount of the fee required to register.
8. Include the number of hours of actual classroom participation.
9. Provide an approximate number of participants.
10. List course materials to be used.
11. If the provider is submitting the application, he/she must print his/her name on the line provided and sign and dated the form. If an interpreter is submitting the application, he/she must complete this item with his/her name and signature where indicated. Whoever signs #11 will be informed as to the subcommittee's decision.

Attachments

- Please provide a total of **8 copies of the application and all attachments on 3-hole paper, collated.**
- Application fees are waived for public institutions that apply for CIMCE credit (i.e., colleges, universities, and the courts).

For your information, the Court Interpreter Advisory Panel Continuing Education Approval Subcommittee meets once a month to consider applications that have been received. To determine its next meeting date please check the ***Review Schedule 2002, a copy of which is appended to the Guidelines for Approval of Continuing Education Activities for Providers (Rev. 1998).*** Letters are sent out to applicants informing them of approval or denial of credits soon as possible. If you have questions, please call Debbie Chong-Manguiat 415-865-7596.

APPLICATION

For Approval of a Continuing Education Activity for Court Interpreter Minimum Continuing Education Credit

☐

NEW APPLICATION

☐

RENEWAL APPLICATION

CIMCE# _____ Expiration Date _____

PART I (Providers)

1. Provider name: _____

Address: _____

County: _____ Zip: _____

Phone number: _____

2. Status of provider : ☐ individual ☐ corporation ☐ partnership

☐ professional organization ☐ government agency ☐ educational institution

PART II (Attendee only)

1. Name of interpreter requesting approval: _____

Address: _____

Phone number: _____

2. Interpreter is: ☐ certified ☐ registered certification/registration # _____

PART III (ALL Applicants)

3. Name of activity or course title: _____

Classification of course: (check one)

☐ interpreting ☐ translation ☐ other

4. Name and profession of each instructor. (Providers must attach résumé for each. Interpreters, attach a résumé if possible, or a biography from the school catalogue):

<u>Name</u>	<u>Profession</u>	<u>CA court or Federally certified?</u>	<u>Academic degrees held</u>	<u>Years of Teaching experience</u>	<u>Other professional credentials</u>

5. Topics to be covered in activity (*attach outline or syllabus*). Please write a clear, concise description of the course content, and the amount of time spent on each topic). ***If this is not an interpreting course, please include a statement addressing how the topics relate to the profession of interpreting.***
- _____
- _____
- _____
- _____
- _____
6. Date(s), time(s), and location(s), of activity: _____
- _____
- _____
7. Registration fees of activity: _____
8. Total number of contact hours: _____
(Please refer to page 4, Section 3.3 “Computation of Credit” of the Policies and Procedures on how to calculate the contact hours.)
9. Anticipated number of students: _____
10. Course materials to be used (*textbooks, videos, audiovisual equipment, etc.*): _____
- _____
- _____
- _____

11. **Providers:**

I, _____, represent the above-named continuing education provider named herein, do hereby certify that the provider has been granted permission by the author or authors of all materials presented in this continuing education activity to copy such materials, and that no violation of copyright will occur in the dissemination of materials for this continuing education activity.

Signature *Date*

— OR —

Interpreters:

I, _____, certify that I attended the presentation named herein as witnessed by the attached certificate or other documentation of attendance.

Signature *Date*

Incomplete applications and/or applications filed without the appropriate application fee will be returned without processing.

Attachments:

- ☐ eight copies of this application and its attachments
- ☐ résumé or curriculum vitae of each instructor
- ☐ syllabus
- ☐ copy of promotional materials used to advertise the activity
- ☐ nonrefundable application fee in the amount of \$25 per course
(payable to the State of California)

FOR CIAP USE ONLY

Application approved by CIAP Continuing Education Approval Subcommittee
for _____ CIMCE credits on _____

CIMCE number assigned _____

- ☐ Denied
- ☐ Pending